

Duval County Epidemiology Surveillance Report

The Florida Department of Health (FDOH) in Duval County, Epidemiology
May 2014



Public Health Surveillance

Surveillance is a key core public health function and has been defined as the regular collection, meaningful analysis, and routine dissemination of relevant data for providing opportunities for public health action to prevent and control disease. Surveillance is done for many reasons such as identifying cases of diseases posing immediate risk to communities, detecting clusters and monitoring trends of disease that may represent outbreaks, evaluating control and prevention measures and developing hypotheses for emerging diseases.

Within Duval County, surveillance data is obtained through:

- Reports of notifiable diseases and conditions by providers (Merlin)
- Laboratory data from the Bureau of Laboratories
- Emergency department (ED) syndromic surveillance as monitored through Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)
- Florida Poison Information Center Network (FPICN)
- ILINet Sentinel Provider Influenza Surveillance
- Passive reports from the community
 - Notifiable diseases
 - Outbreaks

Report Summary – May 2014

The month of May included a variety of surveillance and investigation activities within Duval County. These included monitoring enteric disease activity, influenza and RSV surveillance, and investigating numerous cases of reportable illness.

Enteric disease activity is currently increasing, as we begin to move out of flu season and into the season for enteric diseases. FDOH in Duval continues to observe low levels of respiratory viruses circulating in Duval.

Hand, Foot and Mouth disease is highlighted in the *Other Notable Trends and Statistics* section. Lastly, this edition's *notable investigation of the month* takes a look at the first case of Chikungunya in Duval County.

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Notable Investigation of the Month

First Report of Chikungunya in Duval County, 2014

During the first week of June, a 49 year old female with a history of travel to the Caribbean was diagnosed as the first case of Chikungunya virus within Duval County.

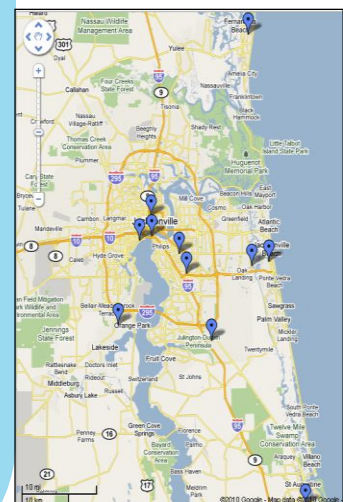
Chikungunya is a viral disease transmitted by the *Aedes aegypti* and *Aedes albopictus* mosquitoes, the same mosquitoes responsible for the transmission of the Dengue virus. Chikungunya cannot be transmitted from person to person.

Symptoms usually begin 3-7 days after being bitten by an infected mosquito. The most common symptoms include severe joint pain, often in the hands and feet and a sudden fever. Other known symptoms include: headache, muscle pain, joint swelling and rash. Symptoms usually last a week, however, there is a risk of developing long-term effects. Fatalities are rare.

The City of Jacksonville Mosquito Control was immediately notified of the diagnosis and immediately increased their surveillance and precautionary measures in the neighborhood of the case.

Avoiding mosquito bites is best method of prevention with regard to Chikungunya. Remember to drain and cover. DRAIN standing water to stop mosquitoes from breeding and COVER skin with clothing or repellent, doors and windows with screens.

Figure 1: ESSENCE Hospitals



Enteric Disease Overview

Summary

Reported cases of salmonellosis increased and other reported enteric diseases increased slightly in May (Figure 2). Twenty-one (21) cases of salmonellosis were reported in May, which is about the expected number (Figure 2&3). The mean number of cases for the same time period during the previous five years was 26.2 cases for May. The most represented age group of reported cases of salmonellosis for 2014 (20/63, 31.7%) occurred in the 0-4 age group.

Reported norovirus activity is mild in Florida. During May, seven (7) outbreaks of norovirus or gastrointestinal illness (suspect viral gastroenteritis) were reported in the State of Florida. Three of the reported outbreaks were confirmed as norovirus GII per the last report in EpiCom, one had no identified group, and three were pending results. There was one (1) confirmed norovirus outbreak reported in Duval County during the month of May (Source: FDENS EpiCom & FDOH in Duval surveillance).

For prevention information, visit <http://www.cdc.gov/norovirus/> & <http://www.floridahealth.gov/diseases-and-conditions/norovirus-infection/index.html>

Figure 2: Reported Cases of Select Enteric Conditions by Report Month, Duval County, January 2011 – May 2014

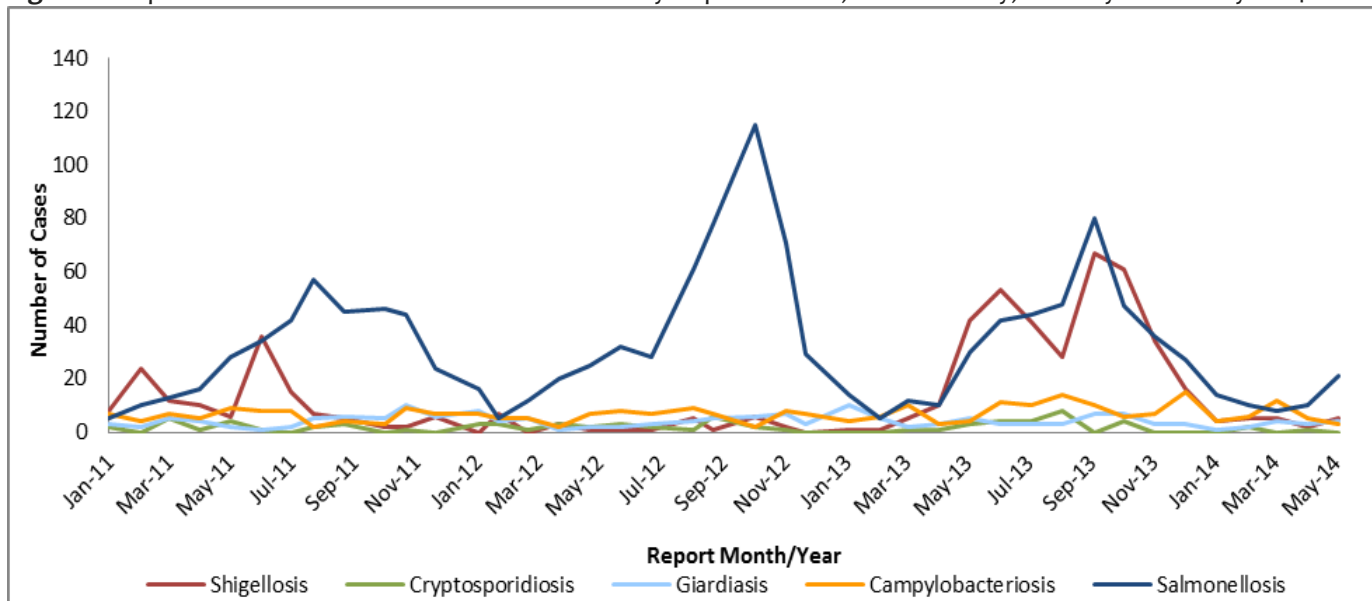
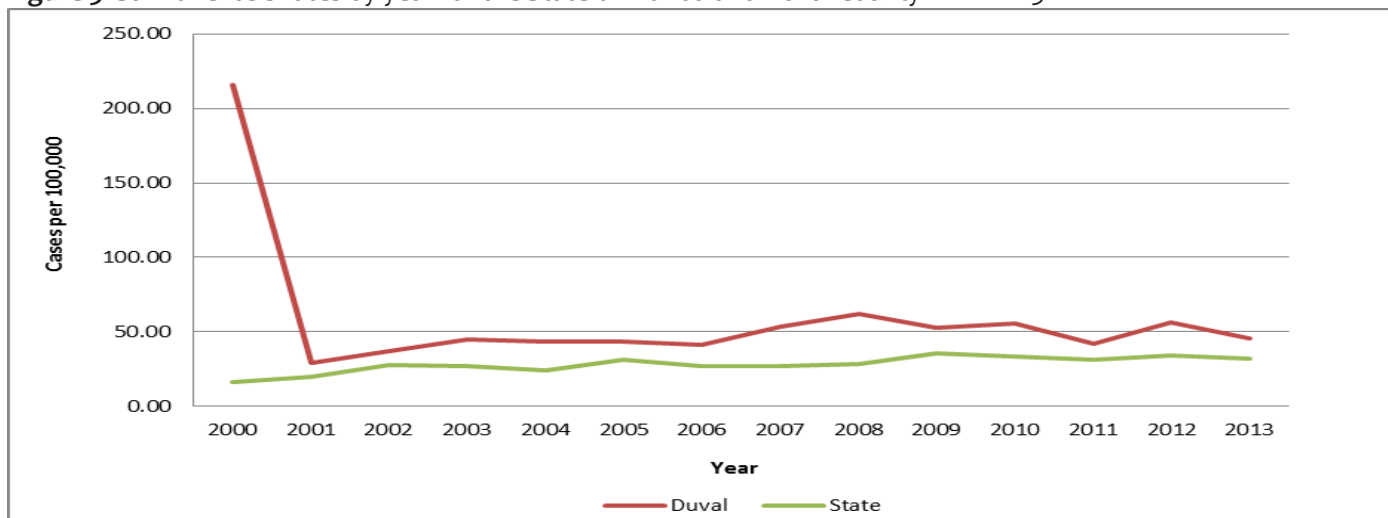


Figure 3: Salmonellosis rates by year for the State of Florida and Duval County 2000-2013



Enteric Disease Overview Continued

Figure 4: Reported Cases of Salmonellosis by Report Week and Age Groups- Duval County – May 2013 – May 2014

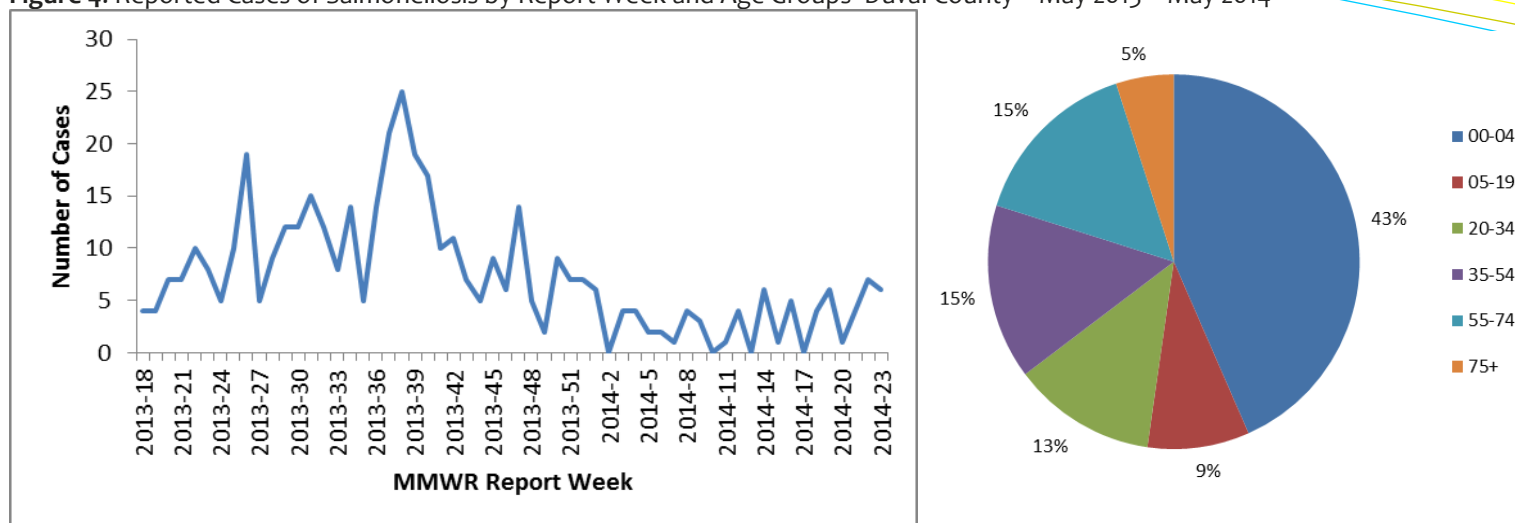


Figure 5: Reported Cases of Shigellosis by Report Week and Age Groups- Duval County - May 2013 – May 2014

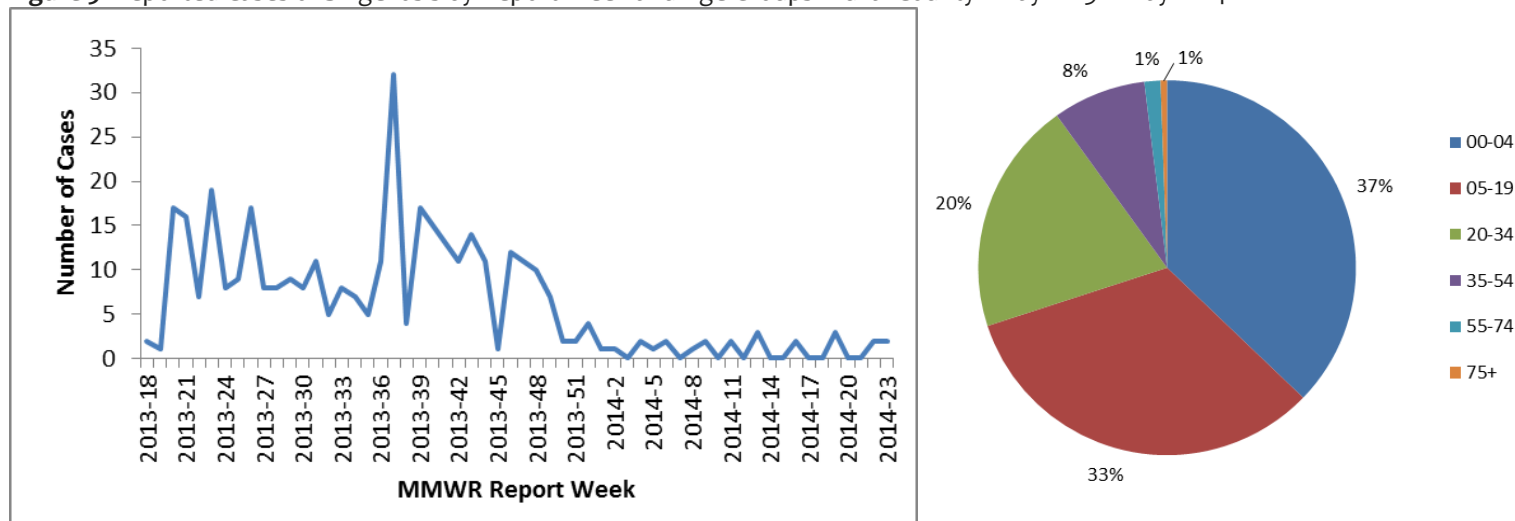
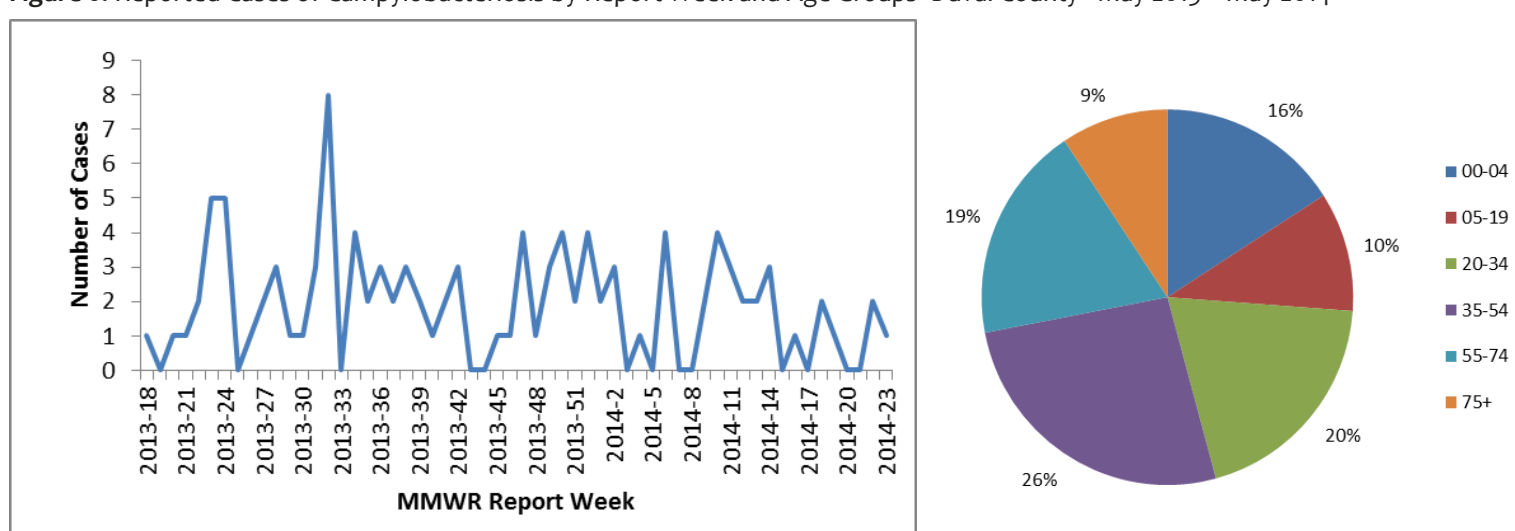


Figure 6: Reported Cases of Campylobacteriosis by Report Week and Age Groups- Duval County - May 2013 – May 2014



Respiratory Disease & ILI Overview

Summary:

Currently, influenza-like illness (ILI) activity is at a mild level. During the last month, no positive samples of influenza A were detected by the Bureau of Public Health Laboratories (BPHL), and only one (1) Influenza B. Three (3) Influenza B, unspecified were detected by private labs using rapid antigen testing (as reported through Electronic Lab Reporting (ELR), Figure 8). Other viruses known to be currently circulating, potentially causing ILI, include rhinovirus, adenovirus, parainfluenza, enterovirus, human metapneumovirus, coronaviruses, and respiratory syncytial virus (RSV). Comprehensive Statewide Influenza Surveillance: <http://www.floridahealth.gov/diseases-and-conditions/influenza/Florida%20Influenza%20Surveillance%20Reports/index.html>

Figure 7: Number of Specimens tested by FL Bureau of Public Health Laboratories (BPHL) and percent positive for influenza by lab event date – Week 21, 2011 to Week 23, 2014 as reported by Merlin – Duval County

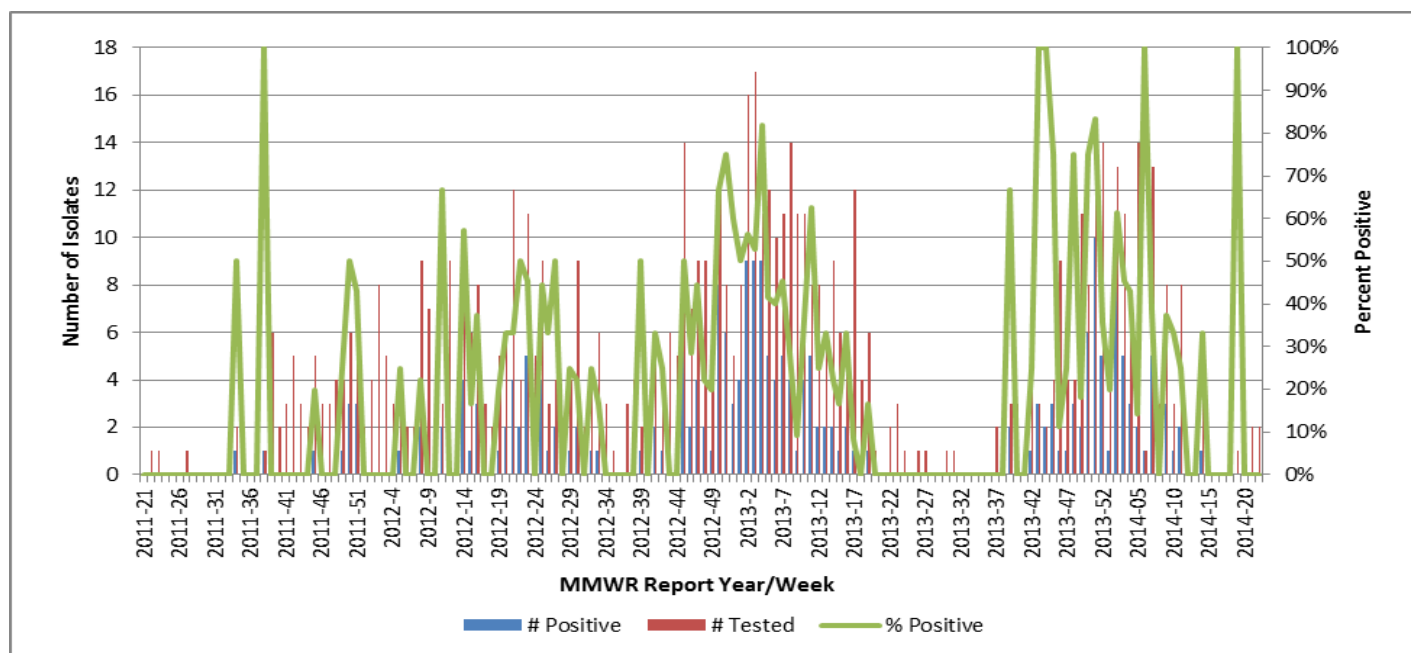
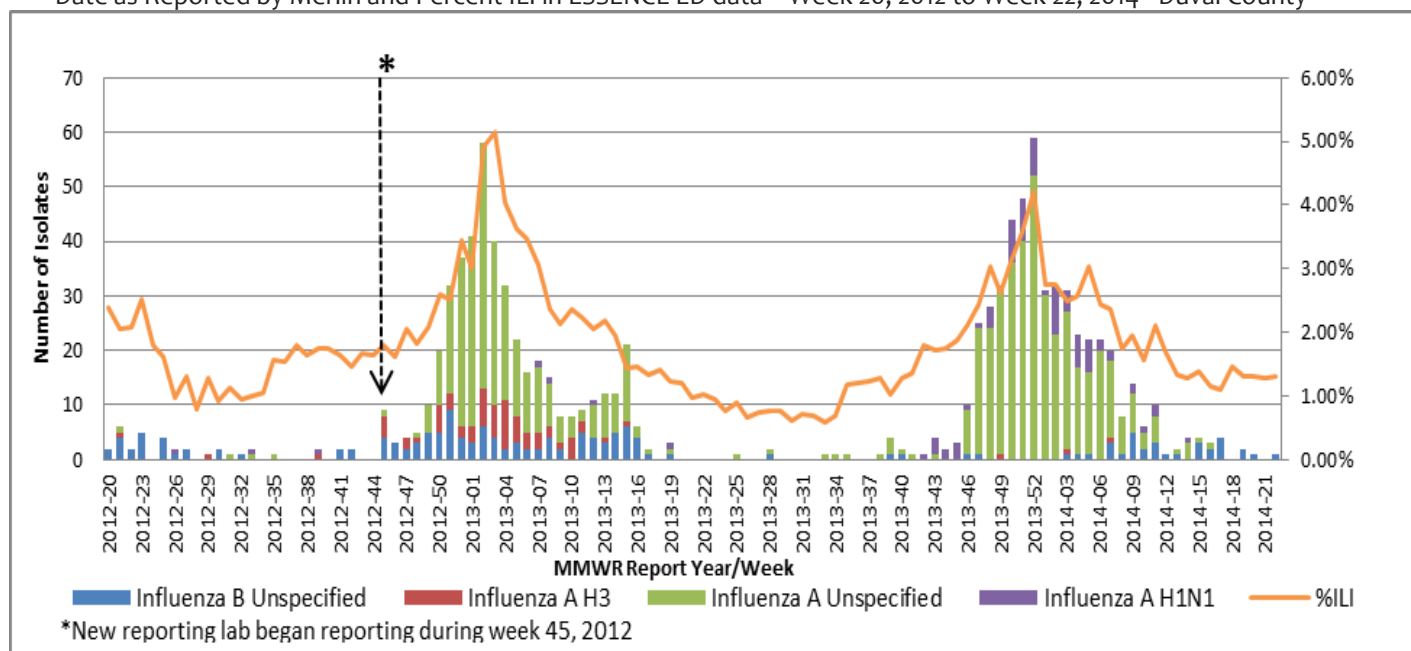


Figure 8: Number of Influenza-Positive Specimens Reported through Electronic Lab Reporting by Subtype by Lab Event Date as Reported by Merlin and Percent ILI in ESSENCE ED data – Week 20, 2012 to Week 22, 2014 - Duval County



Respiratory Virus Surveillance (Local Hospital Data)

Summary

There were no reported cases of influenza A during the month of May; the number of influenza B cases are decreasing, as flu season comes to a close. RSV is also decreasing. RSV season for the North Region of Florida traditionally runs from September to March. The percent positive for influenza reported by local hospital data is 1.75% (4/228) (Figure 9 & Figure 10). The percent positive for RSV specimens during the month of May was .95% (3/313) (Figure 11). In April, the percent positive for influenza was 6.96% and for RSV was 2.05%.

Figure 9: Local Weekly Hospital Influenza A Surveillance Data - Reported From 01/20/2013 to 05/31/2014

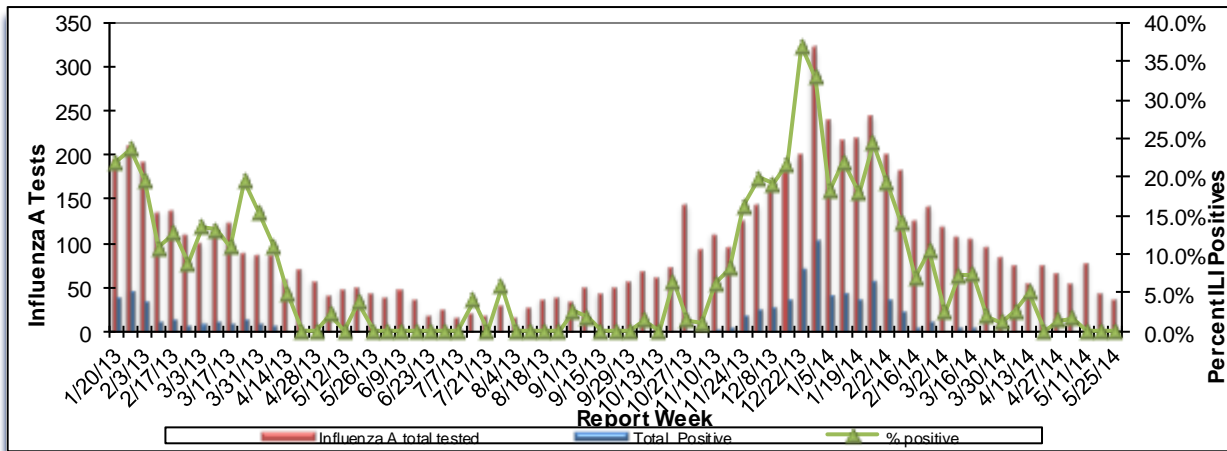


Figure 10: Local Weekly Hospital Influenza B Surveillance Data - Reported From 01/20/2013 to 05/31/2014

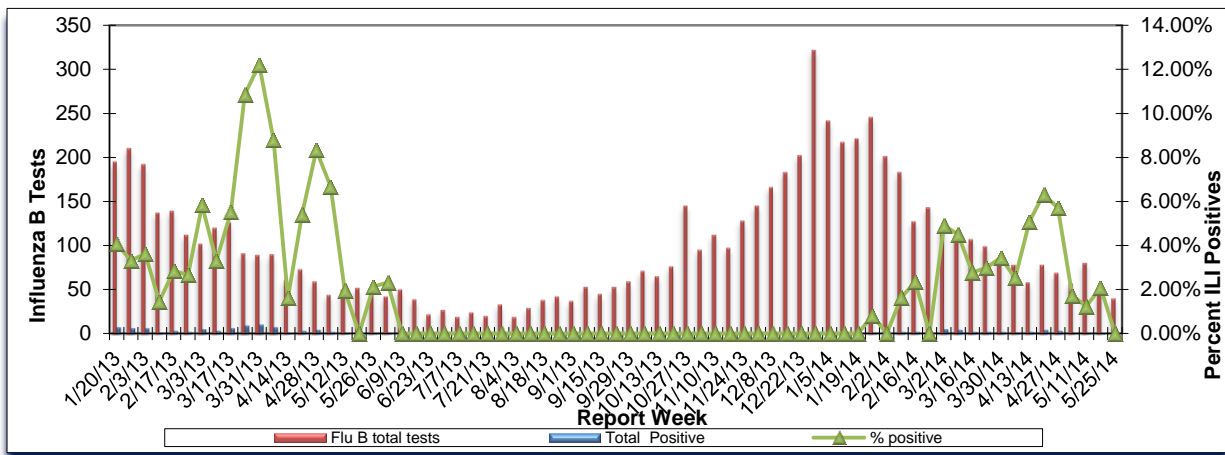
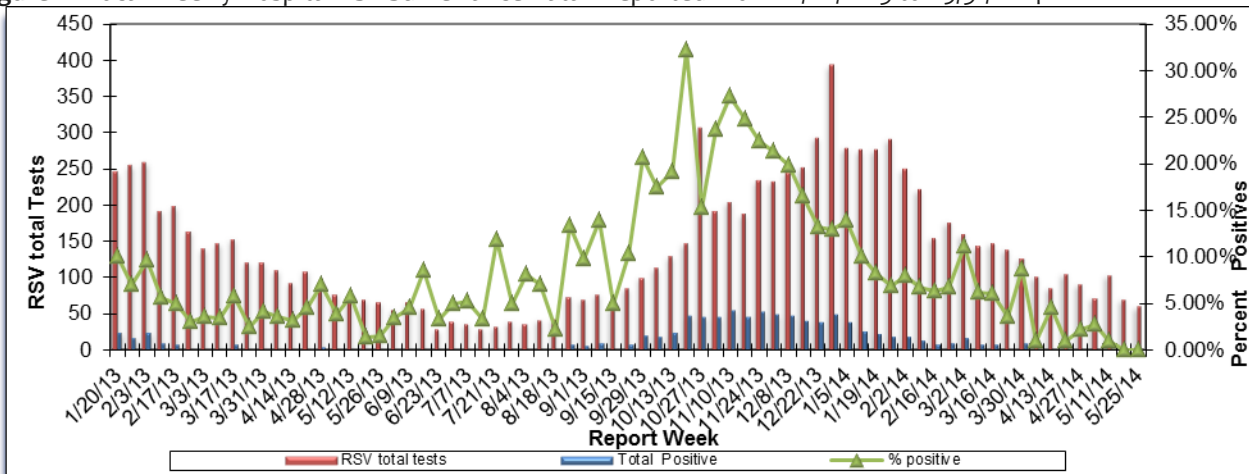


Figure 11: Local Weekly Hospital RSV Surveillance Data - Reported From 01/20/2013 to 05/31/2014



Florida Mosquito-Borne Disease Summary

Summary

MBI surveillance utilizes monitoring of arboviral seroconversions in sentinel chicken flocks, human surveillance, monitoring of mosquito pools, veterinary surveillance, and wild bird surveillance. MBI surveillance in Florida includes endemic viruses West Nile Virus (WNV), Eastern Equine Encephalitis Virus (EEEV), St. Louis Encephalitis Virus (SLEV), and Highlands J Virus (HJV), and exotic viruses such as Dengue Virus (DENV) and California Encephalitis Group Viruses (CEV).

Figure 12: Florida Arbovirus Surveillance
(January 1- June 7, 2014)

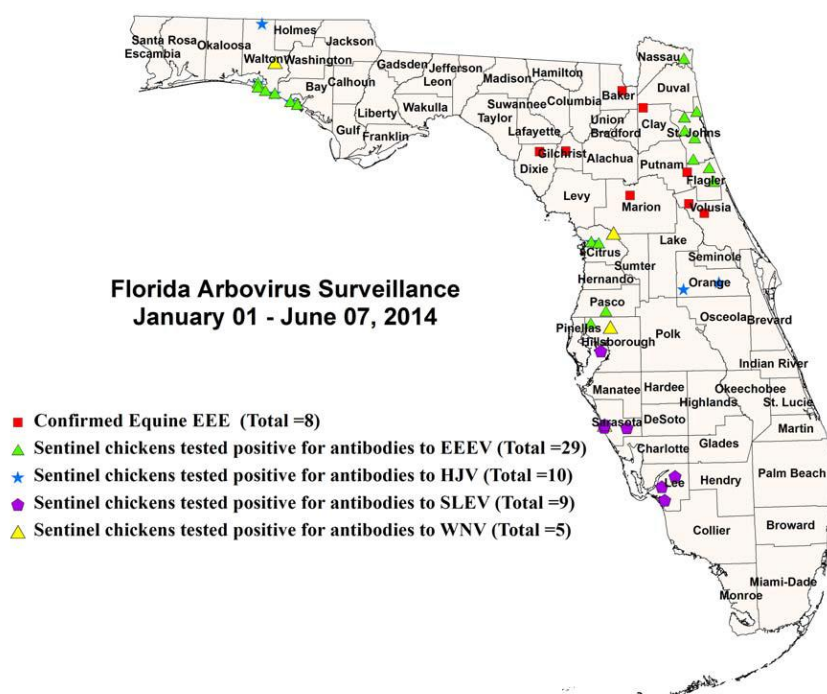


Table 1: Florida Mosquito-Borne Disease Surveillance Summary

Year to Date (through June 7, 2014)

Mosquito-Borne Disease	Human	Horses	Sentinel Chickens	Birds
West Nile Virus	-	-	5	-
St. Louis Encephalitis Virus	-	-	9	-
Highlands J Virus	-	-	10	-
California Encephalitis Group Viruses	-	-	-	-
Eastern Equine Encephalitis Virus	-	8	29	-

State of Florida 2014 Case Summary

International Travel-Associated Dengue Cases: Twenty-four cases of dengue with onset in 2014 have been reported in individuals with travel history to a dengue endemic country in the two weeks prior to onset. Countries of origin were: Bolivia, Brazil (2), Caribbean, Cuba (8), Dominican Republic (4), Guadeloupe, Honduras, Puerto Rico (3), Trinidad, and Venezuela (2). Counties reporting cases were: Alachua, Broward (2), Clay, Hillsborough (3), Marion, Miami-Dade (10), Orange, Osceola (3), Pinellas, and Seminole. Four of the cases were reported in non-Florida residents. In 2014, 16 of the 24 cases of dengue reported in Florida have been serotyped by PCR. Additional serotyping and strain typing are being conducted.

International Travel-Associated Chikungunya Cases: Twenty-five cases of chikungunya with onset in 2014 have been reported in individuals with travel history to a chikungunya endemic country or area experiencing an outbreak in the two weeks prior to onset. Countries of origin were: Dominica, Dominican Republic (4), Haiti (18), and Martinique (2). Counties reporting cases were: Brevard, Broward (5), Clay, Duval, Hillsborough (3), Miami-Dade (7), Orange, Palm Beach (4), Pasco, and Volusia. Two of the cases were reported in non-Florida residents.

International Travel-Associated Malaria Cases: Fourteen cases of malaria with onset in 2014 have been reported. Countries of origin were: Angola, Dominican Republic, Equatorial New Guinea (2), Ghana, Guatemala, Ivory Coast (2), Kenya, Sierra Leone (2), Sudan, and Uganda (2). Counties reporting cases were: Broward (3), Duval, Hernando, Hillsborough (2), Miami-Dade (2), Okaloosa, Orange, Osceola, Pasco, and Santa Rosa. Two of the cases were reported in non-Florida residents. Ten cases (72%) were diagnosed with *Plasmodium falciparum*. Two cases (14%) were diagnosed with *Plasmodium vivax*. One case (7%) was diagnosed with *Plasmodium malariae*. One case (7%) was diagnosed with *Plasmodium Ovale*.

Resources

See the following web site for more information:

<http://www.doh.state.fl.us/Environment/medicine/arboviral/index.html>

Other notable trends and statistics

Notable Trends and Statistics- Hand, Foot and Mouth Disease (Source: CDC)

Hand, foot, and mouth disease is a contagious viral illness. It commonly affects infants and young children. There is no vaccine to prevent the disease. However, you can take simple steps to reduce your risk. Hand, foot, and mouth disease, or HFMD, is a contagious illness that is caused by different viruses. Infants and children younger than 5 years old are more likely to get this disease. However, older children and adults can also get it. In the United States, it is more common for people to get HFMD from spring to fall.

What Are the Symptoms of HFMD? Symptoms usually begin with a fever, reduced appetite, sore throat, and a feeling of being unwell. A day or two after the fever starts, painful sores can develop in the mouth. A skin rash with flat red spots may also develop on the palms of the hands and soles of the feet. Sometimes a rash also occurs on the knees, elbows, and buttocks. This rash may blister but won't itch. Not everyone will get all of these symptoms. [Other people may show no symptoms at all, but they can still pass the virus to others.](#)

Is HFMD Contagious? Yes. The viruses that cause HFMD can be found in an infected person's:

- nose and throat secretions (such as saliva, sputum, or nasal mucus),
- blister fluid, and
- feces (stool)

HFMD spreads from an infected person to others through:

- close contact, such as kissing hugging, or sharing cups and eating utensils,
- coughing and sneezing,
- contact with feces, for example when changing a diaper,
- contact with blister fluid, and
- touching objects or surfaces that have the virus on them.

People with HFMD are most contagious during the first week of their illness. However, they may be contagious for weeks after symptoms go away. Some people, especially adults, may not develop any symptoms, but can still spread the viruses to others.

Who Is at Risk for HFMD? HFMD mostly affects infants and children younger than 5 years old. However, older children and adults can get it, too. When someone gets HFMD, they develop immunity to the specific virus that caused their infection. However, because HFMD is caused by several different viruses, people can get the disease again.

Can HFMD Be Treated? There is no specific treatment for HFMD. Fever and pain can be managed with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. It is important for people with HFMD to drink enough fluids to prevent dehydration (loss of body fluids).

Can HFMD Be Prevented? There is no vaccine to protect against HFMD. However, you can reduce the risk of getting infected with the viruses that cause HFMD by following a few simple steps:

- Wash your hands often with soap and water for 20 seconds, especially after changing diapers;
- Avoid touching your eyes, nose and mouth with unwashed hands,
- Avoid close contact (kissing, hugging, sharing cups and eating utensils) with people who are infected.
- Disinfect frequently touched surfaces (toys, doorknobs, etc.), especially if someone is sick.

Is HFMD the Same as Foot-and-Mouth Disease? No. HFMD is often confused with foot-and-mouth (also called hoof-and-mouth disease), which affects cattle, sheep, and swine. Humans do not get the animal disease, and animals do not get the human disease.

Recently Reported Diseases/Conditions in Florida

Table 2: Provisional Cases* of Selected Notifiable Disease, Duval County, Florida, May 2014

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
A. Vaccine Preventable Diseases												
Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0
Measles	0	0	0	0	0	0	0	0	1	0	0	8
Mumps	0	0	0	0	0	0	0	0	0.4	0	0	0
Pertussis	4	0	2.2	2	13	6	64	76	55.6	61	323	218
Rubella	0	0	0	0	0	0	0	0	0	0	0	0
Tetanus	0	0	0	0	0	1	0	0	0.4	0	2	4
Varicella	5	4	7.6	8	18	21	71	69	116.4	94	280	341
B. CNS Diseases & Bacteremias												
Creutzfeldt-Jakob Disease	0	0	0.4	0	0	0	2	2	2	1	8	10
<i>H. influenzae</i> (invasive)	3	2	1.6	2	10	15	28	29	21	22	153	136
Meningitis (bacterial, cryptococcal, mycotic)	1	2	1.2	1	10	7	16	13	14.6	15	65	59
Meningococcal Disease	0	0	0	0	2	0	5	1	4	4	20	32
<i>Staphylococcus aureus</i> (VISA, VRSA)	0	0	0.4	0	0	1	0	0	.6	1	0	1
<i>Streptococcus pneumoniae</i> (invasive disease)												
Drug resistant	1	3	3.4	3	14	21	35	43	50.8	43	288	306
Drug susceptible	4	2	2.4	2	18	16	31	40	45.6	47	299	338
Streptococcal Disease, Group A, Invasive	0	0	1.2	1	8	3	37	40	22.4	18	183	132
C. Enteric Infections												
Campylobacteriosis	3	6	5.8	6	32	29	194	156	141	153	906	722
Cryptosporidiosis	0	3	1.8	2	3	5	35	35	33.8	35	182	135
Cyclosporiasis	0	0	0	0	0	0	0	0	1.2	1	2	1
<i>Escherichia coli</i> , Shiga-toxin producing**	1	0	0.6	0	3	2	8	12	9.4	12	49	51
Giardiasis	4	6	4.6	5	14	29	95	81	115.2	114	424	432
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0.2	0	5	1
Listeriosis	1	0	0.2	0	1	0	2	4	2.8	2	12	17
Salmonellosis	21	30	26.2	27	66	73	448	412	367	389	1605	1512
Shigellosis	5	42	12.2	6	21	59	315	85	146.6	85	1053	220
Typhoid Fever	0	1	0.2	0	0	1	2	2	1	1	6	3

Recently Reported Diseases/Conditions in Florida

	Duval County						Florida					
	Month				Cumulative (YTD)		Month				Cumulative (YTD)	
	2014	2013	Mean†	Median¶	2014	2013	2014	2013	Mean†	Median¶	2014	2013
D. Viral Hepatitis												
Hepatitis A	0	0	0	0	0	2	18	6	10.2	12	56	33
Hepatitis B +HBsAg in pregnant women	9	9	4	3	25	18	42	45	42.2	45	219	216
Hepatitis B, Acute	3	0	0.6	1	9	5	39	31	29.4	31	169	137
Hepatitis C, Acute	2	0	0	0	5	1	28	26	12	10	89	100
E. Vector Borne, Zoonoses												
Animal Rabies	0	0	0	0	0	1	11	10	10.8	11	42	43
Ciguatera	0	0	0	0	0	0	7	3	1.2	1	16	4
Dengue Fever	0	0	0	0	0	1	5	9	4.6	5	40	55
Eastern Equine Encephalitis††	0	0	0	0	0	0	0	0	0	0	1	2
Ehrlichiosis/Anaplasmosis¶¶	0	0	0	0	1	0	5	2	3.8	2	10	5
Leptospirosis	0	0	0	0	0	0	0	1	0.2	0	0	1
Lyme Disease	0	1	0.2	0	0	1	8	5	4	4	29	26
Malaria	0	0	0.2	0	1	1	5	2	5.4	6	20	24
St. Louis Encephalitis††	0	0	0	0	0	0	0	0	0	0	0	0
West Nile Virus††	0	0	0	0	0	0	1	0	0	0	1	0
F. Others												
Botulism-infant	0	0	0	0	0	0	0	0	0	0	0	1
Brucellosis	0	0	0	0	0	0	1	1	1.2	1	2	4
Carbon Monoxide Poisoning	0	0	0	0	1	0	12	8	4.6	5	62	61
Hansen's Disease (Leprosy)	0	0	0	0	0	0	0	2	1	1	2	3
Legionellosis	0	1	1.6	1	6	6	23	16	12.4	14	115	67
Vibrios	0	1	1	0	1	4	17	16	18.2	15	42	41

* Confirmed and probable cases based on date of report as reported in Merlin to the Bureau of Epidemiology. Incidence data for 2014 is provisional.

† Mean of the same month in the previous five years

¶ Median for the same month in the previous five years

** Includes *E. coli* O157:H7; shiga-toxin positive, serogroup non-O157; and shiga-toxin positive, not serogrouped, (Please note that suspect cases are not included in this report)

†† Includes neuroinvasive and non-neuroinvasive

¶¶ Includes *E. ewingii*, HGE, HME, and undetermined

Recently Reported Diseases/Conditions in Florida

Table 2: Duval County Reported Sexually Transmitted Disease Summary for May 2014

Infectious and Early Latent Syphilis Cases					Chlamydia Cases					Gonorrhea Cases				
Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%	Sex	Area 4	%	Duval	%
Male	4	80%	6	120%	Male	221	29%	176	30%	Male	130	49%	115	52%
Female	1	20%	0	0%	Female	543	71%	415	70%	Female	137	51%	107	48%
Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%	Race	Area 4	%	Duval	%
White	0	0%	0	0%	White	212	28%	122	21%	White	65	24%	45	20%
Black	5	100%	5	100%	Black	369	48%	339	57%	Black	162	61%	148	67%
Hispanic	0	0%	0	0%	Hispanic	26	3%	25	4%	Hispanic	10	4%	2	1%
Other	0	0%	0	0%	Other	157	21%	105	18%	Other	30	11%	27	12%
Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%	Age	Area 4	%	Duval	%
0-14	0	0%	0	0%	0-14	4	1%	2	1%	0-14	0	0%	0	0%
15-19	0	0%	0	0%	15-19	174	23%	126	21%	15-19	46	17%	35	16%
20-24	3	60%	3	60%	20-24	319	42%	248	42%	20-24	78	29%	64	29%
25-29	2	40%	2	40%	25-29	157	21%	125	21%	25-29	65	24%	55	25%
30-39	0	0%	0	0%	30-39	86	11%	74	13%	30-39	53	20%	45	20%
40-49	0	0%	0	0%	40-54	21	3%	15	3%	40-54	22	8%	20	9%
50+	0	0%	0	0%	55+	3	1%	1	1%	55+	3	1%	3	1%
Total Cases	5		5		Total Cases	764		591		Total Cases	267		222	

Please note that STD numbers are provisional. All percentages are rounded. *Area 4 consists of Baker, Clay, Duval, Nassau, and St. Johns County

For more STD surveillance data see: <http://www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/std-statistics/>

Tuberculosis (TB) Surveillance – Duval County - 1/1/2014 through 5/31/2014 – All Data are Provisional

Fifty-three (53) cases of TB were reported by Duval County in 2014.

For more tuberculosis surveillance data see:

<http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/>

Table 3: Demographics and risk factors of TB cases reported year-to-date for 2014.

	Count	Total Cases	Percent		Count	Total Cases	Percent
Gender				Risk Factors			
Male	12	19	63.2%	Excess alcohol use within past year	2	19	10.5%
Female	7	19	36.8%	HIV co-infection*	0	19	0.0%
Country of Origin				Injected drug use within past year	0	19	0.0%
U.S.	15	19	78.9%	Homeless	2	19	10.5%
Non-U.S.	4	19	21.1%	Incarcerated at diagnosis	1	19	5.3%
Age Group				Unemployed	13	19	68.4%
0-9	1	19	5.3%	Ethnicity			
10-19	0	19	0.0%	Asian	2	19	10.5%
20-29	2	19	10.5%	Black	14	19	73.7%
30-39	3	19	15.8%	White	3	19	15.8%
40-49	6	19	31.6%	Hispanic**	1	19	5.3%
50-59	2	19	10.5%	Drug Resistance			
≥ 60	5	19	26.3%	Resistant to isoniazid	1	19	5.3%

* 3 people have not been offered HIV testing at the time of this report

** Ethnicity is separate from race. A person can be in a race count and in ethnicity (e.g. White Hispanic)

Data Dictionary

Merlin: The Merlin system is essential to the control of disease in Florida. It serves as the state's repository of reportable disease case reports, and features automated notification of staff about individual cases of high-priority diseases. All reportable disease data presented for this report has been abstracted from Merlin, and as such are provisional. Data collected in Merlin can be viewed using <http://www.floridacharts.com/merlin/freqrpt.asp>.

Event Date: Reportable diseases and conditions presented within this report are reported by event date. This is the earliest date associated with the case. In most instances, this date represents the onset of illness. If this date is unknown, the laboratory report date is utilized as the earliest date associated with a case.

ILINet (previously referred to as the Sentinel Provider Influenza Surveillance Program): The Outpatient Influenza-like Illness Surveillance Network (ILINet) consists of more than 3,000 healthcare providers in all 50 states, the District of Columbia, and the U.S. Virgin Islands reporting over 25 million patient visits each year. Each week, approximately 1,400 outpatient care sites around the country report data to CDC on the total number of patients seen and the number of those patients with ILI by age group. For this system, ILI is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza. The percentage of patient visits to healthcare providers for ILI reported each week is weighted on the basis of state population. This percentage is compared each week with the national baseline of 2.5%. Duval County has 5 ILINet providers that contribute to the state and national data.

NREVSS: The National Respiratory and Enteric Virus Surveillance System (NREVSS) is a laboratory-based system that monitors temporal and geographic patterns associated with the detection of respiratory syncytial virus (RSV), human parainfluenza viruses (HPIV), respiratory and enteric adenoviruses, and rotavirus.

MMWR week: The week of the epidemiologic year for which the National Notifiable Diseases Surveillance System (NNDSS) disease report is assigned by the reporting local or state health department for the purposes of *Morbidity and Mortality Weekly Report* (MMWR) disease incidence reporting and publishing. Values for MMWR week range from 1 to 53, although most years consist of 52 weeks.

Syndromic Surveillance: An investigational approach where epidemiologists use automated data acquisition and generation of statistical signals, monitor disease indicators continually (real time) or at least daily (near real time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health surveillance (e.g., reportable disease surveillance and telephone consultation).

ESSENCE: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (**ESSENCE**) is a syndromic surveillance system for capturing and analyzing public health indicators for early detection of disease outbreaks. ESSENCE utilizes hospital emergency department chief complaint data to monitor disease indicators in the form of syndromes for anomalies. ESSENCE performs automatic data analysis, establishing a baseline with a 28-day average. Daily case data is then analyzed against this baseline to identify statistically significant increases. A yellow flag indicates a warning and a red flag indicates an alert. Currently, all eight Duval County Hospitals are sending ED data to the ESSENCE system; an additional 3, one in Clay, St Johns, and Nassau Counties, provide regional coverage. The 11 reporting hospitals in our region include Baptist Beaches (Duval), Baptist Downtown (Duval), Baptist Nassau (Nassau), Baptist South (Duval), Flagler (St. Johns), Memorial (Duval), Mayo (Duval), Orange Park (Clay), Shands Jacksonville (Duval), St. Luke's (Duval), and St. Vincent's (Duval).

Chief Complaint (CC): The concise statement describing the symptom, problem, condition, diagnosis, physician recommended return, or other factor that is the reason for a medical encounter.

Syndrome: A set of chief complaints, signs and/or symptoms representative of a condition that may be consistent with a CDC defined disease of public health significance. ESSENCE syndrome categories include botulism-like, exposure, fever, gastrointestinal, hemorrhagic, ILI, neurological, rash, respiratory, shock/coma, injury, and other.

Count: The number of emergency department visits relating to a syndrome of query.

Other Links and Resources:

Florida Department of Health, Bureau of Epidemiology

http://www.doh.state.fl.us/disease_ctrl/epi/index.html

Florida Annual Morbidity Reports

<http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/data-and-publications/fl-amsr1.html>

Influenza Surveillance Reports

<http://www.floridahealth.gov/diseases-and-conditions/influenza/florida-influenza-weekly-surveillance.html>

The Florida Department of Health in Duval County

Disease Reporting Telephone Numbers

AIDS, HIV - (904) 253-2992

STD - (904) 253-2974, Fax - (904) 573-4935

TB Control - (904) 253-1070, Fax - (904) 253-1943

Animal Bites – (904) 253-2576, Fax – (904) 253-2390

All Others - (904) 253-1850, Fax - (904) 253-1851, After Hrs Emergency – (904) 434-6035



Section 381.0031 (1,2), Florida Statutes, provides that “Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.” The DOH county health departments serve as the Department’s representative in this reporting requirement. Furthermore, this Section provides that “Periodically the Department shall issue a list of diseases determined by it to be of public health significance...and shall furnish a copy of said list to the practitioners...”

Reportable Diseases/Conditions in Florida Practitioner Guide 11/24/08*

*Reporting requirements for laboratories differ. For specific information on disease reporting, consult Rule 64D-3, *Florida Administrative Code (FAC)*.

AIDS, HIV - (904) 253-2992			
+	Acquired Immune Deficiency Syndrome (AIDS)	•	Congenital anomalies
+	Human Immunodeficiency Virus (HIV) infection (all, and including neonates born to an infected woman, exposed newborn)	•	Creutzfeldt-Jakob disease (CJD)
STD - (904) 253-2974		•	Cryptosporidiosis
•	Chancroid	•	Cyclosporiasis
•	Chlamydia	•	Dengue
•	Conjunctivitis (in neonates ≤ 14 days old)	!	Diphtheria
•	Gonorrhea	•	Eastern equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
•	Granuloma inguinale	•	Ehrlichiosis
•	Herpes Simplex Virus (HSV) (in infants up to 60 days old with disseminated infection with involvement of liver, encephalitis and infections limited to skin, eyes and mouth; anogenital in children ≤ 12 years old)	•	Encephalitis, other (non-arboviral)
•	Human papilloma virus (HPV) (associated laryngeal papillomas or recurrent respiratory papillomatosis in children ≤ 6 years old; anogenital in children ≤ 12 years)	Enteric disease due to: <i>Escherichia coli</i> , O157:H7 <i>Escherichia coli</i> , other pathogenic <i>E. coli</i> including entero- toxigenic, invasive, pathogenic, hemorrhagic, aggregative strains and shiga toxin positive strains	
•	Lymphogranuloma venereum (LGV)	•	Giardiasis
•	Syphilis	!	Glanders
☎	Syphilis (in pregnant women and neonates)	!	<i>Haemophilus influenzae</i> (meningitis and invasive disease)
TB CONTROL - (904) 253-1070		•	Hansen's disease (Leprosy)
•	Tuberculosis (TB)	☎	Hantavirus infection
CANCER - (305) 243-4600		☎	Hemolytic uremic syndrome
+	Cancer (except non-melanoma skin cancer, and including benign and borderline intracranial and CNS tumors)	☎	Hepatitis A
ALL OTHERS - (904) 253-1850		•	Hepatitis B, C, D, E, and G
!	Any disease outbreak	•	Hepatitis B surface antigen (HBsAg) (positive in a pregnant woman or a child up to 24 months old)
!	Any case, cluster of cases, or outbreak of a disease or condition found in the general community or any defined setting such as a hospital, school or other institution, not listed below that is of urgent public health significance. This includes those indicative of person to person spread, zoonotic spread, the presence of an environmental, food or waterborne source of exposure and those that result from a deliberate act of terrorism.	!	Influenza due to novel or pandemic strains
•	Amebic encephalitis	☎	Influenza-associated pediatric mortality (in persons < 18 years)
•	Anaplasmosis	•	Lead Poisoning (blood lead level ≥ 10µg/dL); additional reporting requirements exist for hand held and/or on-site blood lead testing technology, see 64D-3 FAC
!	Anthrax	•	Legionellosis
•	Arsenic poisoning	•	Leptospirosis
!	Botulism (foodborne, wound, unspecified, other)	☎	Listeriosis
•	Botulism (infant)	•	Lyme disease
!	Brucellosis	•	Malaria
•	California serogroup virus (neuroinvasive and non-neuroinvasive disease)	!	Measles (Rubeola)
•	Campylobacteriosis	!	Melioidosis
•	Carbon monoxide poisoning	•	Meningitis (bacterial, cryptococcal, mycotic)
!	Cholera	!	Meningococcal disease (includes meningitis and meningococcemia)
•	Ciguatera fish poisoning (Ciguatera)	•	Mercury poisoning
		•	Mumps
		☎	Neurotoxic shellfish poisoning
		☎	Pertussis
		•	Pesticide-related illness and injury
		!	Plague
		!	Poliomyelitis, paralytic and non-paralytic
		•	Psittacosis (Ornithosis)
		•	Q Fever
		☎	Rabies (human, animal)
		!	Rabies (possible exposure)
		!	Ricin toxicity
		•	Rocky Mountain spotted fever
		!	Rubella (including congenital)
		•	St. Louis encephalitis (SLE) virus disease (neuroinvasive and non-neuroinvasive)
		•	Salmonellosis
		•	Saxitoxin poisoning (including paralytic shellfish poisoning)(PSP)
		!	Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) disease
		•	Shigellosis
		!	Smallpox
		•	<i>Staphylococcus aureus</i> , community associated mortality
		☎	<i>Staphylococcus aureus</i> (infection with intermediate or full resistance to vancomycin, VISA, VRSA)
		☎	<i>Staphylococcus enterotoxin B</i> (disease due to)
		•	Streptococcal disease (invasive, Group A)
		•	<i>Streptococcus pneumoniae</i> (invasive disease)
		•	Tetanus
		•	Toxoplasmosis (acute)
		•	Trichinellosis (Trichinosis)
		!	Tularemia
		☎	Typhoid fever
		!	Typhus fever (disease due to <i>Rickettsia prowazekii</i> infection)
		•	Typhus fever (disease due to <i>Rickettsia typhi</i> , <i>R. felis</i> infection)
		!	Vaccinia disease
		•	Varicella (Chickenpox)
		•	Varicella mortality
		!	Venezuelan equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
		•	Vibriosis (Vibrio infections)
		!	Viral hemorrhagic fevers (Ebola, Marburg, Lassa, Machupo)
		•	West Nile virus disease (neuroinvasive and non-neuroinvasive)
		•	Western equine encephalitis virus disease (neuroinvasive and non-neuroinvasive)
		!	Yellow fever

! = Report immediately 24/7 by phone upon initial suspicion or laboratory test order

☎ = Report immediately 24/7 by phone

• = Report next business day

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